

In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

Filed: July 15, 2021

* * * * *

SAURABH AGARWAL *and*
MUKTA AGARWAL, *as guardians of the*
estate of RADHIKA AGARWAL,

Petitioners,

v.

SECRETARY OF HEALTH
AND HUMAN SERVICES,

Respondent.

* * * * *

UNPUBLISHED

No. 16-191V

Special Master Gowen

Damages; Off-Table Injury; Tetanus-
Diphtheria-Acellular Pertussis (TDaP);
Meningococcal (Menactra); Autoimmune
Limbic Encephalitis; FIRES.

Ronald C. Homer and Meredith Daniels, Conway, Homer, P.C., Boston, MA, for petitioners.
Camille C. Collett, United States Department of Justice, Washington, DC, for respondent.

DECISION ON DAMAGES¹

On February 8, 2016, Saurabh and Mukta Agarwal, on behalf of their then-minor daughter Radhika Agarwal (R.A.), filed a petition in the National Vaccine Injury Compensation Program.² Petition (ECF No. 1). Petitioners alleged that as a result of receiving tetanus-diphtheria-acellular pertussis (Tdap) and meningococcal (Menactra) vaccines on August 5, 2013, R.A. developed autoimmune limbic encephalitis (ALE) with the associated biomarker of GAD antibodies, and the residual effects of cognitive deficits and intractable epilepsy. Respondent recommended against compensation. Respondent's Report filed February 27, 2017 (ECF No. 35). Each party submitted expert reports and an entitlement hearing was held on November 14 –

¹ Pursuant to the E-Government Act of 2002, *see* 44 U.S.C. § 3501 note (2012), because this opinion contains a reasoned explanation for the action in this case, I intend to post it on the website of the United States Court of Federal Claims. The court's website is at <http://www.uscfc.uscourts.gov/aggregator/sources/7>. Before the opinion is posted on the court's website, each party has 14 days to file a motion requesting redaction "of any information furnished by that party: (1) that is a trade secret or commercial or financial in substance and is privileged or confidential; or (2) that includes medical files or similar files, the disclosure of which would constitute a clearly unwarranted invasion of privacy." Vaccine Rule 18(b). An objecting party must provide the court with a proposed redacted version of the opinion. *Id.* If neither party files a motion for redaction within 14 days, the opinion will be posted on the court's website without any changes. *Id.*

² The National Vaccine Injury Compensation Program is set forth in Part 2 of the National Childhood Vaccine Injury Act of 1986, Pub. L. No. 99-660, 100 Stat. 3755, codified as amended, 42 U.S.C. §§ 300aa-10 to 34 (2012) (hereinafter "Vaccine Act" or "the Act"). Hereinafter, individual section references will be to 42 U.S.C. § 300aa of the Act.

15, 2018. Transcript (ECF Nos. 89-90). Following the submission of post-hearing briefs, I issued a ruling concluding that petitioners, on behalf of R.A., had established causation-in-fact and were therefore entitled to compensation. Ruling on Entitlement filed August 31, 2020 (ECF No. 117).

Petitioners have now been appointed as guardians of R.A.'s estate and her person. Pet .Ex. 51; *see also* Pet. Mot. to Amend Case Caption filed October 15, 2020 (ECF No. 123); granted by Order filed October 15, 2020 (ECF No. 125).

On July 15, 2021, respondent filed a proffer on an award of compensation, which indicates petitioners' agreement to compensation on the terms set forth therein. Proffer (ECF No. 143). The proffer is attached hereto as Appendix A.

Consistent with the terms of the proffer, I hereby award the following compensation for all damages that would be available under 42 U.S.C. § 300aa-15(a):

- A. A lump sum payment of \$2,022,234.46, representing compensation for life care expenses in the first year after judgment (\$615,688.80), lost future earnings (\$1,156,545.66), and pain and suffering (\$250,000.00), in the form of a check payable to petitioners as guardian(s)/ conservator(s) of the estate of R.A., for the benefit of R.A.**
- B. A lump sum payment of \$84,643.06, representing compensation for past unreimbursable expenses, in the form of a check payable to petitioners, Saurabh Agarwal and Mukta Agarwal.**
- C. A lump sum payment of \$812,257.97, representing compensation for satisfaction of the Illinois Department of Healthcare and Family Services Medicaid lien, payable jointly to petitioners, and mailed to:**

**Illinois Department of Healthcare and Family Services
Bureau of Collections
Technical Recovery Section
P.O. Box 19174
Springfield, Illinois 62794-9174
Case No.: 94-238-0010641621
Attn: Tammy Roberts**

Petitioners agree to endorse this payment to the Illinois Department of Healthcare and Family Services.

- D. An amount sufficient to purchase the annuity contract, subject to the conditions described in the proffer.**

Accordingly, the Clerk of Court **SHALL ENTER JUDGMENT** in accordance with the terms of the proffer and this decision.³

IT IS SO ORDERED.

s/Thomas L. Gowen

Thomas L. Gowen

Special Master

³ Entry of judgment is expedited by each party's filing notice renouncing the right to seek review. Vaccine Rule 11(a).

**IN THE UNITED STATES COURT OF FEDERAL CLAIMS
OFFICE OF SPECIAL MASTERS**

| | | |
|-------------------------------------|---|----------------------|
| SAURABH AGARWAL and MUKTA |) | |
| AGARWAL, guardians of the estate of |) | |
| RADHIKA AGARWAL, |) | |
| |) | |
| Petitioners, |) | |
| |) | |
| v. |) | No. 16-191V |
| |) | Special Master Gowen |
| SECRETARY OF THE DEPARTMENT OF |) | ECF |
| HEALTH AND HUMAN SERVICES, |) | |
| |) | |
| Respondent. |) | |
| |) | |

RESPONDENT’S PROFFER ON AWARD OF COMPENSATION

In his Ruling on Entitlement issued on August 31, 2020, Special Master Gowen found that a preponderance of the evidence supported petitioners’ claim that after receiving the Tdap and Menactra vaccinations on August 5, 2013, Radhika Agarwal (R.A.) developed autoimmune limbic encephalitis (ALE) with the associated biomarker of GAD antibodies, and the residual effects of cognitive deficits and intractable epilepsy. *See* Ruling on Entitlement (Document 117, filed August 31, 2020). Respondent now proffers the following regarding the amount of compensation to be awarded.¹

I. Items of Compensation

A. Life Care Items

¹ The parties have no objection to the amount of the proffered award of damages. However, respondent reserves his right, pursuant to 42 U.S.C. § 300aa-12(f), to seek review of the special master’s August 31, 2020 ruling on entitlement, finding petitioners entitled to an award under the Vaccine Act. This right accrues following issuance of the damages decision.

Respondent engaged life care planner, M. Virginia Walton, M.S.N., RN, FNP, CLCP, and petitioners engaged Maureen Clancy, RN, BSN, CLCP, to provide an estimation of R.A.'s future vaccine-injury related needs. For the purposes of this proffer, the term "vaccine related" is as described in the Special Master's Ruling on Entitlement. All items of compensation identified in the life care plan are supported by the evidence and are illustrated by the chart entitled Appendix A: Items of Compensation for R.A., attached hereto as Tab A.² Petitioners agree.

B. Lost Future Earnings

The parties agree that based upon the evidence of record, R.A. will not be gainfully employed in the future. Therefore, respondent proffers that R.A. should be awarded lost future earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(B). Respondent proffers that the appropriate award for R.A.'s lost future earnings is \$1,156,545.66. Petitioners agree.

C. Pain and Suffering

Respondent proffers that R.A. should be awarded \$250,000.00 in actual pain and suffering. See 42 U.S.C. § 300aa-15(a)(4). Petitioners agree.

D. Past Unreimbursable Expenses

Evidence supplied by petitioners documents their expenditure of past unreimbursable expenses related to R.A.'s vaccine-related injury. Respondent proffers that petitioners should be awarded past unreimbursable expenses in the amount of \$84,643.06. Petitioners agree.

² The chart at Tab A illustrates the annual benefits provided by the life care plan. The annual benefit years run from the date of judgment up to the first anniversary of the date of judgment, and every year thereafter up to the

E. Medicaid Lien

Respondent proffers that R.A. should be awarded funds to satisfy an Illinois Department of Healthcare and Family Services Medicaid lien in the amount of \$812,257.97, which represents full satisfaction of any right of subrogation, assignment, claim, lien, or cause of action the Illinois Department of Healthcare and Family Services may have against any individual as a result of any Medicaid payments the Illinois Department of Healthcare and Family Services has made to or on behalf of R.A. from the date of her eligibility for benefits through the date of judgment in this case as a result of her vaccine-related injury suffered on or about August 5, 2013, under Title XIX of the Social Security Act.

II. Form of the Award

The parties recommend that the compensation provided to R.A. should be made through a combination of lump sum payments and future annuity payments as described below, and request that the Special Master's decision and the Court's judgment award the following:³

A. A lump sum payment of \$2,022,234.46, representing compensation for life care expenses in the first year after judgment (\$615,688.80), lost future earnings (\$1,156,545.66), and pain and suffering (\$250,000.00), in the form of a check payable to petitioner(s) as guardian(s)/conservator(s) of the estate of R.A., for the benefit of R.A.

anniversary of the date of judgment.

³ Should R.A. die prior to entry of judgment, the parties reserve the right to move the Court for appropriate relief. In particular, respondent would oppose any award for future medical expenses, lost future earnings, and future pain and suffering.

B. A lump sum payment of \$84,643.06, representing compensation for past unreimbursable expenses, in the form of a check payable to petitioners, Saurabh Agarwal and Mukta Agarwal.

C. A lump sum payment of \$812,257.97, representing compensation for satisfaction of the Illinois Department of Healthcare and Family Services Medicaid lien, payable jointly to petitioners and , and mailed to:

Illinois Department of Healthcare and Family Services
Bureau of Collections
Technical Recovery Section
P.O. Box 19174
Springfield, Illinois 62794-9174
Case No: 94-238-0010641621
Attn: Tammy Roberts

Petitioners agree to endorse this payment to the Illinois Department of Healthcare and Family Services.

D. An amount sufficient to purchase the annuity contract,⁴ subject to the conditions described below, that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Tab A attached hereto, paid to the life insurance company⁵ from

⁴ In respondent's discretion, respondent may purchase one or more annuity contracts from one or more life insurance companies.

⁵ The Life Insurance Company must have a minimum of \$250,000,000 capital and surplus, exclusive of any mandatory security valuation reserve. The Life Insurance Company must have one of the following ratings from two of the following rating organizations:

- a. A. M. Best Company: A++, A+, A+g, A+p, A+r, or A+s;
- b. Moody's Investor Service Claims Paying Rating: Aa3, Aa2, Aa1, or Aaa;
- c. Standard and Poor's Corporation Insurer Claims-Paying Ability Rating: AA-, AA, AA+, or AAA;

which the annuity will be purchased.⁶ Compensation for Year Two (beginning on the first anniversary of the date of judgment) and all subsequent years shall be provided through respondent's purchase of an annuity, which annuity shall make payments directly to petitioners only so long as R.A. is alive at the time a particular payment is due. At the Secretary's sole discretion, the periodic payments may be provided to petitioners in monthly, quarterly, annual or other installments. The "annual amounts" set forth in the chart at Tab A describe only the total yearly sum to be paid to petitioners and do not require that the payment be made in one annual installment.

1. Growth Rate

Respondent proffers that a four percent (4%) growth rate should be applied to all non-medical life care items, and a five percent (5%) growth rate should be applied to all medical life care items. Thus, the benefits illustrated in the chart at Tab A that are to be paid through annuity payments should grow as follows: four percent (4%) compounded annually from the date of judgment for non-medical items, and five percent (5%) compounded annually from the date of judgment for medical items. Petitioners agree.

2. Life-Contingent Annuity

The petitioners will continue to receive the annuity payments from the Life Insurance Company only so long as R.A. is alive at the time that a particular payment is due. Written

d. Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+, or AAA.

⁶ Petitioners authorize the disclosure of certain documents filed by the petitioners in this case consistent with the Privacy Act and the routine uses described in the National Vaccine Injury Compensation Program System of Records, No. 09-15-0056.

notice shall be provided to the Secretary of Health and Human Services and the Life Insurance Company within twenty (20) days of R.A.'s death.

3. Guardianship

The petitioners have been appointed the guardians of R.A.'s estate. *See* Exhibit 49 (Document 121-1, filed on November 15, 2020).

III. Summary of Recommended Payments Following Judgment

| | | |
|----|---|-----------------------|
| A. | Lump Sum paid to the petitioners: | \$2,022,234.46 |
| B. | Past unreimbursable expenses payable to petitioners: | \$ 84,643.06 |
| C. | Medicaid lien: | \$ 812,257.97 |
| D. | An amount sufficient to purchase the annuity contract described above in section II. D. | |

Respectfully submitted,

BRIAN M. BOYTON
Acting Assistant Attorney General

C. SALVATORE D'ALESSIO
Acting Director
Torts Branch, Civil Division

HEATHER L. PEARLMAN
Deputy Director
Torts Branch, Civil Division

DARRYL R. WISHARD
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/s/Camille M. Collett
CAMILLE M. COLLETT
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Dated: July 15, 2021

Appendix A: Items of Compensation for R.A.

Page 1 of 24

| ITEMS OF COMPENSATION | G.R. | * | M | Lump Sum Compensation Year 1 | Compensation Year 2 | Compensation Year 3 | Compensation Year 4 | Compensation Years 5-10 | Compensation Year 11 | Compensation Years 12-14 |
|----------------------------|------|---|---|------------------------------------|------------------------|------------------------|------------------------|----------------------------|-------------------------|-----------------------------|
| | | | | 2021 | 2022 | 2023 | 2024 | 2025-2030 | 2031 | 2032-2034 |
| BCBS MOP | 5% | | | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 |
| BCBS Premium | 5% | | M | | | | | 1,261.00 | 1,261.00 | 1,261.00 |
| ACA MOP | 5% | | | | | | | | | |
| ACA Premium | 5% | | M | | | | | | | |
| Medicare Part B Premium | 5% | | M | | | | | | | |
| Medicare Part B Deductible | 5% | | | | | | | | | |
| Medigap | 5% | | M | | | | | | | |
| Medicare Part D | 5% | | M | | | | | | | |
| PCP | 5% | * | | | | | | | | |
| Neurologist | 5% | * | | | | | | | | |
| Ophthalmologist | 5% | * | | | | | | | | |
| Cardiologist | 5% | * | | | | | | | | |
| Allergist | 5% | * | | | | | | | | |
| Dentist | 5% | | | 165.00 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 |
| Dietician | 4% | * | | | | | | | | |
| ER | 5% | * | | | | | | | | |
| Hospitalization | 5% | * | | | | | | | | |
| Neuro Surgeon | 5% | * | | | | | | | | |
| Otolaryngologist | 5% | * | | | | | | | | |
| Surgeon | 5% | * | | | | | | | | |
| Pulmonary | 5% | * | | | | | | | | |
| Adolescent Medicine | 5% | * | | | | | | | | |
| Rheumatologist | 5% | * | | | | | | | | |
| Endocrinologist | 5% | * | | | | | | | | |
| Gastroenterologist | 5% | * | | | | | | | | |
| Hepatologist | 5% | * | | | | | | | | |
| Orthopedic Surgeon | 5% | * | | | | | | | | |
| Physiatrist | 5% | * | | | | | | | | |
| IVIG & Dex | 5% | * | | | | | | | | |
| CBC | 5% | * | | | | | | | | |
| CMP | 5% | * | | | | | | | | |

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Lump Sum Compensation Year 1 | Compensation Year 2 | Compensation Year 3 | Compensation Year 4 | Compensation Years 5-10 | Compensation Year 11 | Compensation Years 12-14 |
|--------------------------------|------|---|---|------------------------------------|------------------------|------------------------|------------------------|----------------------------|-------------------------|-----------------------------|
| | | | | 2021 | 2022 | 2023 | 2024 | 2025-2030 | 2031 | 2032-2034 |
| Chux | 4% | | M | 288.00 | 288.00 | 288.00 | 288.00 | 288.00 | 288.00 | 288.00 |
| Chlorox Wipes | 4% | | M | 72.00 | 72.00 | 72.00 | 72.00 | 72.00 | 72.00 | 72.00 |
| G-Tube Supp | 4% | * | | | | | | | | |
| Aquafera Blue Patch for G-Tube | 4% | | M | 2,552.63 | 2,552.63 | 2,552.63 | 2,552.63 | 2,552.63 | 2,552.63 | 2,552.63 |
| Trach Tube & Supplies | 4% | * | | | | | | | | |
| Stoma Adhesive Powder | 4% | | M | 113.28 | 113.28 | 113.28 | 113.28 | 113.28 | 113.28 | 113.28 |
| Butt Paste | 4% | | M | 135.48 | 135.48 | 135.48 | 135.48 | 135.48 | 135.48 | 135.48 |
| Ketostix | 4% | | M | 91.18 | 91.18 | 91.18 | 91.18 | 91.18 | 91.18 | 91.18 |
| Lotion | 4% | | M | 209.88 | 209.88 | 209.88 | 209.88 | 209.88 | 209.88 | 209.88 |
| Anti Itch Cream | 4% | | M | 66.72 | 66.72 | 66.72 | 66.72 | 66.72 | 66.72 | 66.72 |
| Distilled Water | 4% | | M | 165.36 | 165.36 | 165.36 | 165.36 | 165.36 | 165.36 | 165.36 |
| Pill Crusher | 4% | | | 6.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 |
| PT | 4% | * | | | | | | | | |
| OT | 4% | * | | | | | | | | |
| Augmentative Comm Eval | 4% | * | | | | | | | | |
| O2 | 4% | * | | | | | | | | |
| Shower Chair | 4% | | | 41.90 | 6.98 | 6.98 | 6.98 | 6.98 | 6.98 | 6.98 |
| Hand Held Shower | 4% | | | 41.99 | 7.00 | 7.00 | 7.00 | 7.00 | 7.00 | 7.00 |
| Over the Toilet Commode | 4% | | | 140.82 | 23.47 | 23.47 | 23.47 | 23.47 | 23.47 | 23.47 |
| Hospital Bed | 4% | * | | | | | | | | |
| Foam Mattress | 4% | | | 184.95 | 36.99 | 36.99 | 36.99 | 36.99 | 36.99 | 36.99 |
| Suction Machine | 4% | * | | | | | | | | |
| Humidifier | 4% | * | | | | | | | | |
| Gastronomy Tube & Supplies | 4% | * | | | | | | | | |
| Manual WC | 4% | * | | | | | | | | |
| Motorized WC | 4% | | | 2,098.00 | 349.67 | 349.67 | 349.67 | 349.67 | 349.67 | 349.67 |
| Motorized WC Batteries | 4% | | | | 500.00 | 250.00 | 250.00 | 250.00 | 250.00 | 250.00 |
| Motorized WC Maint | 4% | | | | 1,000.00 | 200.00 | 200.00 | 200.00 | 200.00 | 200.00 |
| WC Cushion | 4% | | | 62.85 | 31.43 | 31.43 | 31.43 | 31.43 | 31.43 | 31.43 |
| Super Poles | 4% | | | 444.00 | 44.40 | 44.40 | 44.40 | 44.40 | 44.40 | 44.40 |

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Lump Sum Compensation Year 1 | Compensation Year 2 | Compensation Year 3 | Compensation Year 4 | Compensation Years 5-10 | Compensation Year 11 | Compensation Years 12-14 |
|--------------------------------|------|---|---|------------------------------------|------------------------|------------------------|------------------------|----------------------------|-------------------------|-----------------------------|
| | | | | 2021 | 2022 | 2023 | 2024 | 2025-2030 | 2031 | 2032-2034 |
| Gait Belt | 4% | | | 20.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| Tryke | 4% | | | | | 1,266.95 | 180.99 | 180.99 | 180.99 | 180.99 |
| Computer Software | 4% | | | 637.08 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 |
| Stationary Bike | 4% | | | 400.00 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 |
| Case Mngt | 4% | | | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 |
| Home Care | 4% | | M | 547,500.00 | 547,500.00 | 547,500.00 | 547,500.00 | 547,500.00 | 547,500.00 | 547,500.00 |
| Facility | 4% | | M | | | | | | | |
| Modified Van | 4% | | | 32,010.00 | | | | | 32,010.00 | |
| Lodging for IVIG Hospital Stay | 4% | | | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 |
| Stair Lift | 4% | | | 4,000.00 | | | | | 4,000.00 | |
| Bathroom Renovation | 0% | | | 15,000.00 | | | | | | |
| Lost Future Earnings | | | | 1,156,545.66 | | | | | | |
| Pain and Suffering | | | | 250,000.00 | | | | | | |
| Past Unreimbursable Expenses | | | | 84,643.06 | | | | | | |
| Medicaid Lien | | | | 812,257.97 | | | | | | |
| Annual Totals | | | | 2,919,135.49 | 562,801.15 | 563,018.10 | 561,932.14 | 563,193.14 | 599,203.14 | 563,193.14 |

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, as guardians of the estate of R.A., for Yr 1 life care expenses (\$615,688.80), lost future earnings (\$1,156,545.66), and pain and suffering (\$250,000.00): \$2,022,234.46.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, Saurabh Agarwal and Mukta Agarwal, for past unreimbursable expenses: \$84,643.06.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the Illinois Department of Healthcare and Family Services, as reimbursement of the state's Medicaid lien: \$812,257.97.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 15 | Compensation Year 16 | Compensation Year 17 | Compensation Year 18 | Compensation Year 19 | Compensation Year 20 | Compensation Year 21 |
|----------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | 2035 | 2036 | 2037 | 2038 | 2039 | 2040 | 2041 |
| BCBS MOP | 5% | | | | | | | | | |
| BCBS Premium | 5% | | M | | | | | | | |
| ACA MOP | 5% | | | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 |
| ACA Premium | 5% | | M | 5,590.44 | 5,665.08 | 5,702.40 | 5,739.72 | 5,777.04 | 5,814.36 | 5,885.52 |
| Medicare Part B Premium | 5% | | M | | | | | | | |
| Medicare Part B Deductible | 5% | | | | | | | | | |
| Medigap | 5% | | M | | | | | | | |
| Medicare Part D | 5% | | M | | | | | | | |
| PCP | 5% | * | | | | | | | | |
| Neurologist | 5% | * | | | | | | | | |
| Ophthalmologist | 5% | * | | | | | | | | |
| Cardiologist | 5% | * | | | | | | | | |
| Allergist | 5% | * | | | | | | | | |
| Dentist | 5% | | | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 |
| Dietician | 4% | * | | | | | | | | |
| ER | 5% | * | | | | | | | | |
| Hospitalization | 5% | * | | | | | | | | |
| Neuro Surgeon | 5% | * | | | | | | | | |
| Otolaryngologist | 5% | * | | | | | | | | |
| Surgeon | 5% | * | | | | | | | | |
| Pulmonary | 5% | * | | | | | | | | |
| Adolescent Medicine | 5% | * | | | | | | | | |
| Rheumatologist | 5% | * | | | | | | | | |
| Endocrinologist | 5% | * | | | | | | | | |
| Gastroenterologist | 5% | * | | | | | | | | |
| Hepatologist | 5% | * | | | | | | | | |
| Orthopedic Surgeon | 5% | * | | | | | | | | |
| Physiatrist | 5% | * | | | | | | | | |
| IVIG & Dex | 5% | * | | | | | | | | |
| CBC | 5% | * | | | | | | | | |
| CMP | 5% | * | | | | | | | | |

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 15 | Compensation Year 16 | Compensation Year 17 | Compensation Year 18 | Compensation Year 19 | Compensation Year 20 | Compensation Year 21 |
|--------------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | 2035 | 2036 | 2037 | 2038 | 2039 | 2040 | 2041 |
| Gait Belt | 4% | | | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| Tryke | 4% | | | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 |
| Computer Software | 4% | | | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 |
| Stationary Bike | 4% | | | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 |
| Case Mngt | 4% | | | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 |
| Home Care | 4% | | M | 547,500.00 | 547,500.00 | 547,500.00 | 547,500.00 | 547,500.00 | 547,500.00 | 547,500.00 |
| Facility | 4% | | M | | | | | | | |
| Modified Van | 4% | | | | | | | | | 32,010.00 |
| Lodging for IVIG Hospital Stay | 4% | | | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 |
| Stair Lift | 4% | | | | | | | | | 4,000.00 |
| Bathroom Renovation | 0% | | | | | | | | | |
| Lost Future Earnings | | | | | | | | | | |
| Pain and Suffering | | | | | | | | | | |
| Past Unreimbursable Expenses | | | | | | | | | | |
| Medicaid Lien | | | | | | | | | | |
| Annual Totals | | | | 567,522.58 | 567,597.22 | 567,634.54 | 567,671.86 | 567,709.18 | 567,746.50 | 603,827.66 |

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, as guardians of the estate of R.A., for Yr 1 life care expenses (\$615,688.80), lost future earnings (\$1,156,545.66), and pain and suffering (\$250,000.00): \$2,022,234.46.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, Saurabh Agarwal and Mukta Agarwal, for past unreimbursable expenses: \$84,643.06.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the Illinois Department of Healthcare and Family Services, as reimbursement of the state's Medicaid lien: \$812,257.97.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 22 | Compensation Year 23 | Compensation Year 24 | Compensation Year 25 | Compensation Year 26 | Compensation Year 27 | Compensation Year 28 |
|----------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | 2042 | 2043 | 2044 | 2045 | 2046 | 2047 | 2048 |
| BCBS MOP | 5% | | | | | | | | | |
| BCBS Premium | 5% | | M | | | | | | | |
| ACA MOP | 5% | | | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 |
| ACA Premium | 5% | | M | 5,963.76 | 6,075.72 | 6,183.00 | 6,332.40 | 6,519.00 | 6,738.36 | 6,999.72 |
| Medicare Part B Premium | 5% | | M | | | | | | | |
| Medicare Part B Deductible | 5% | | | | | | | | | |
| Medigap | 5% | | M | | | | | | | |
| Medicare Part D | 5% | | M | | | | | | | |
| PCP | 5% | * | | | | | | | | |
| Neurologist | 5% | * | | | | | | | | |
| Ophthalmologist | 5% | * | | | | | | | | |
| Cardiologist | 5% | * | | | | | | | | |
| Allergist | 5% | * | | | | | | | | |
| Dentist | 5% | | | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 |
| Dietician | 4% | * | | | | | | | | |
| ER | 5% | * | | | | | | | | |
| Hospitalization | 5% | * | | | | | | | | |
| Neuro Surgeon | 5% | * | | | | | | | | |
| Otolaryngologist | 5% | * | | | | | | | | |
| Surgeon | 5% | * | | | | | | | | |
| Pulmonary | 5% | * | | | | | | | | |
| Adolescent Medicine | 5% | * | | | | | | | | |
| Rheumatologist | 5% | * | | | | | | | | |
| Endocrinologist | 5% | * | | | | | | | | |
| Gastroenterologist | 5% | * | | | | | | | | |
| Hepatologist | 5% | * | | | | | | | | |
| Orthopedic Surgeon | 5% | * | | | | | | | | |
| Physiatrist | 5% | * | | | | | | | | |
| IVIG & Dex | 5% | * | | | | | | | | |
| CBC | 5% | * | | | | | | | | |
| CMP | 5% | * | | | | | | | | |

Appendix A: Items of Compensation for R.A.

[illegible]

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 22 | Compensation Year 23 | Compensation Year 24 | Compensation Year 25 | Compensation Year 26 | Compensation Year 27 | Compensation Year 28 |
|--------------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | 2042 | 2043 | 2044 | 2045 | 2046 | 2047 | 2048 |
| Gait Belt | 4% | | | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| Tryke | 4% | | | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 |
| Computer Software | 4% | | | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 |
| Stationary Bike | 4% | | | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 |
| Case Mngt | 4% | | | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 |
| Home Care | 4% | | M | 547,500.00 | 547,500.00 | | | | | |
| Facility | 4% | | M | | | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 |
| Modified Van | 4% | | | | | | | | | |
| Lodging for IVIG Hospital Stay | 4% | | | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 |
| Stair Lift | 4% | | | | | | | | | |
| Bathroom Renovation | 0% | | | | | | | | | |
| Lost Future Earnings | | | | | | | | | | |
| Pain and Suffering | | | | | | | | | | |
| Past Unreimbursable Expenses | | | | | | | | | | |
| Medicaid Lien | | | | | | | | | | |
| Annual Totals | | | | 567,895.90 | 568,007.86 | 183,040.14 | 183,189.54 | 183,376.14 | 183,595.50 | 183,856.86 |

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, as guardians of the estate of R.A., for Yr 1 life care expenses (\$615,688.80), lost future earnings (\$1,156,545.66), and pain and suffering (\$250,000.00): \$2,022,234.46.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, Saurabh Agarwal and Mukta Agarwal, for past unreimbursable expenses: \$84,643.06.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the Illinois Department of Healthcare and Family Services, as reimbursement of the state's Medicaid lien: \$812,257.97.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 29 | Compensation Year 30 | Compensation Year 31 | Compensation Year 32 | Compensation Year 33 | Compensation Year 34 | Compensation Year 35 |
|----------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | 2049 | 2050 | 2051 | 2052 | 2053 | 2054 | 2055 |
| BCBS MOP | 5% | | | | | | | | | |
| BCBS Premium | 5% | | M | | | | | | | |
| ACA MOP | 5% | | | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 |
| ACA Premium | 5% | | M | 7,293.72 | 7,629.60 | 7,960.92 | 8,334.24 | 8,702.88 | 9,108.96 | 9,519.60 |
| Medicare Part B Premium | 5% | | M | | | | | | | |
| Medicare Part B Deductible | 5% | | | | | | | | | |
| Medigap | 5% | | M | | | | | | | |
| Medicare Part D | 5% | | M | | | | | | | |
| PCP | 5% | * | | | | | | | | |
| Neurologist | 5% | * | | | | | | | | |
| Ophthalmologist | 5% | * | | | | | | | | |
| Cardiologist | 5% | * | | | | | | | | |
| Allergist | 5% | * | | | | | | | | |
| Dentist | 5% | | | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 |
| Dietician | 4% | * | | | | | | | | |
| ER | 5% | * | | | | | | | | |
| Hospitalization | 5% | * | | | | | | | | |
| Neuro Surgeon | 5% | * | | | | | | | | |
| Otolaryngologist | 5% | * | | | | | | | | |
| Surgeon | 5% | * | | | | | | | | |
| Pulmonary | 5% | * | | | | | | | | |
| Adolescent Medicine | 5% | * | | | | | | | | |
| Rheumatologist | 5% | * | | | | | | | | |
| Endocrinologist | 5% | * | | | | | | | | |
| Gastroenterologist | 5% | * | | | | | | | | |
| Hepatologist | 5% | * | | | | | | | | |
| Orthopedic Surgeon | 5% | * | | | | | | | | |
| Physiatrist | 5% | * | | | | | | | | |
| IVIG & Dex | 5% | * | | | | | | | | |
| CBC | 5% | * | | | | | | | | |
| CMP | 5% | * | | | | | | | | |

Appendix A: Items of Compensation for R.A.

[illegible]

Appendix A: Items of Compensation for R.A.

[illegible]

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 29 | Compensation Year 30 | Compensation Year 31 | Compensation Year 32 | Compensation Year 33 | Compensation Year 34 | Compensation Year 35 |
|--------------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | 2049 | 2050 | 2051 | 2052 | 2053 | 2054 | 2055 |
| Gait Belt | 4% | | | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| Tryke | 4% | | | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 |
| Computer Software | 4% | | | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 |
| Stationary Bike | 4% | | | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 |
| Case Mngt | 4% | | | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 |
| Home Care | 4% | | M | | | | | | | |
| Facility | 4% | | M | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 |
| Modified Van | 4% | | | | | | | | | |
| Lodging for IVIG Hospital Stay | 4% | | | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 |
| Stair Lift | 4% | | | | | | | | | |
| Bathroom Renovation | 0% | | | | | | | | | |
| Lost Future Earnings | | | | | | | | | | |
| Pain and Suffering | | | | | | | | | | |
| Past Unreimbursable Expenses | | | | | | | | | | |
| Medicaid Lien | | | | | | | | | | |
| Annual Totals | | | | 184,150.86 | 184,486.74 | 184,818.06 | 185,191.38 | 185,560.02 | 185,966.10 | 186,376.74 |

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, as guardians of the estate of R.A., for Yr 1 life care expenses (\$615,688.80), lost future earnings (\$1,156,545.66), and pain and suffering (\$250,000.00): \$2,022,234.46.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, Saurabh Agarwal and Mukta Agarwal, for past unreimbursable expenses: \$84,643.06.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the Illinois Department of Healthcare and Family Services, as reimbursement of the state's Medicaid lien: \$812,257.97.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 36 | Compensation Year 37 | Compensation Year 38 | Compensation Year 39 | Compensation Year 40 | Compensation Year 41 | Compensation Year 42 |
|----------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | 2056 | 2057 | 2058 | 2059 | 2060 | 2061 | 2062 |
| BCBS MOP | 5% | | | | | | | | | |
| BCBS Premium | 5% | | M | | | | | | | |
| ACA MOP | 5% | | | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 |
| ACA Premium | 5% | | M | 9,962.88 | 10,406.16 | 10,886.88 | 11,372.16 | 11,890.08 | 12,146.76 | 12,664.80 |
| Medicare Part B Premium | 5% | | M | | | | | | | |
| Medicare Part B Deductible | 5% | | | | | | | | | |
| Medigap | 5% | | M | | | | | | | |
| Medicare Part D | 5% | | M | | | | | | | |
| PCP | 5% | * | | | | | | | | |
| Neurologist | 5% | * | | | | | | | | |
| Ophthalmologist | 5% | * | | | | | | | | |
| Cardiologist | 5% | * | | | | | | | | |
| Allergist | 5% | * | | | | | | | | |
| Dentist | 5% | | | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 |
| Dietician | 4% | * | | | | | | | | |
| ER | 5% | * | | | | | | | | |
| Hospitalization | 5% | * | | | | | | | | |
| Neuro Surgeon | 5% | * | | | | | | | | |
| Otolaryngologist | 5% | * | | | | | | | | |
| Surgeon | 5% | * | | | | | | | | |
| Pulmonary | 5% | * | | | | | | | | |
| Adolescent Medicine | 5% | * | | | | | | | | |
| Rheumatologist | 5% | * | | | | | | | | |
| Endocrinologist | 5% | * | | | | | | | | |
| Gastroenterologist | 5% | * | | | | | | | | |
| Hepatologist | 5% | * | | | | | | | | |
| Orthopedic Surgeon | 5% | * | | | | | | | | |
| Physiatrist | 5% | * | | | | | | | | |
| IVIG & Dex | 5% | * | | | | | | | | |
| CBC | 5% | * | | | | | | | | |
| CMP | 5% | * | | | | | | | | |

[illegible]

Appendix A: Items of Compensation for R.A.

[illegible]

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 36 | Compensation Year 37 | Compensation Year 38 | Compensation Year 39 | Compensation Year 40 | Compensation Year 41 | Compensation Year 42 |
|--------------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | | | 2056 | 2057 | 2058 | 2059 | 2060 | 2061 | 2062 |
| Gait Belt | 4% | | | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| Tryke | 4% | | | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 |
| Computer Software | 4% | | | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 |
| Stationary Bike | 4% | | | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 |
| Case Mngt | 4% | | | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 |
| Home Care | 4% | | M | | | | | | | |
| Facility | 4% | | M | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 |
| Modified Van | 4% | | | | | | | | | |
| Lodging for IVIG Hospital Stay | 4% | | | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 |
| Stair Lift | 4% | | | | | | | | | |
| Bathroom Renovation | 0% | | | | | | | | | |
| Lost Future Earnings | | | | | | | | | | |
| Pain and Suffering | | | | | | | | | | |
| Past Unreimbursable Expenses | | | | | | | | | | |
| Medicaid Lien | | | | | | | | | | |
| Annual Totals | | | | 186,820.02 | 187,263.30 | 187,744.02 | 188,229.30 | 188,747.22 | 189,003.90 | 189,521.94 |

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, as guardians of the estate of R.A., for Yr 1 life care expenses (\$615,688.80), lost future earnings (\$1,156,545.66), and pain and suffering (\$250,000.00): \$2,022,234.46.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, Saurabh Agarwal and Mukta Agarwal, for past unreimbursable expenses: \$84,643.06.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the Illinois Department of Healthcare and Family Services, as reimbursement of the state's Medicaid lien: \$812,257.97.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 43 | Compensation Year 44 | Compensation Year 45 | Compensation Year 46 | Compensation Years 47-51 | Compensation Years 52-56 | Compensation Years 57-Life |
|----------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-----------------------------|-------------------------------|
| | | | | 2063 | 2064 | 2065 | 2066 | 2067-2071 | 2072-2076 | 2077-Life |
| BCBS MOP | 5% | | | | | | | | | |
| BCBS Premium | 5% | | M | | | | | | | |
| ACA MOP | 5% | | | 6,300.00 | 6,300.00 | 6,300.00 | 6,300.00 | | | |
| ACA Premium | 5% | | M | 13,112.76 | 13,406.76 | 13,775.40 | 13,999.20 | | | |
| Medicare Part B Premium | 5% | | M | | | | | 1,782.00 | 1,782.00 | 1,782.00 |
| Medicare Part B Deductible | 5% | | | | | | | 203.00 | 203.00 | 203.00 |
| Medigap | 5% | | M | | | | | 1,668.00 | 2,219.00 | 3,167.00 |
| Medicare Part D | 5% | | M | | | | | 18,433.05 | 18,433.05 | 18,433.05 |
| PCP | 5% | * | | | | | | | | |
| Neurologist | 5% | * | | | | | | | | |
| Ophthalmologist | 5% | * | | | | | | | | |
| Cardiologist | 5% | * | | | | | | | | |
| Allergist | 5% | * | | | | | | | | |
| Dentist | 5% | | | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 | 82.50 |
| Dietician | 4% | * | | | | | | | | |
| ER | 5% | * | | | | | | | | |
| Hospitalization | 5% | * | | | | | | | | |
| Neuro Surgeon | 5% | * | | | | | | | | |
| Otolaryngologist | 5% | * | | | | | | | | |
| Surgeon | 5% | * | | | | | | | | |
| Pulmonary | 5% | * | | | | | | | | |
| Adolescent Medicine | 5% | * | | | | | | | | |
| Rheumatologist | 5% | * | | | | | | | | |
| Endocrinologist | 5% | * | | | | | | | | |
| Gastroenterologist | 5% | * | | | | | | | | |
| Hepatologist | 5% | * | | | | | | | | |
| Orthopedic Surgeon | 5% | * | | | | | | | | |
| Physiatrist | 5% | * | | | | | | | | |
| IVIG & Dex | 5% | * | | | | | | | | |
| CBC | 5% | * | | | | | | | | |
| CMP | 5% | * | | | | | | | | |

Appendix A: Items of Compensation for R.A.

[illegible]

Appendix A: Items of Compensation for R.A.

[illegible]

Appendix A: Items of Compensation for R.A.

| ITEMS OF COMPENSATION | G.R. | * | M | Compensation Year 43 | Compensation Year 44 | Compensation Year 45 | Compensation Year 46 | Compensation Years 47-51 | Compensation Years 52-56 | Compensation Years 57-Life |
|--------------------------------|------|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-----------------------------|-------------------------------|
| | | | | 2063 | 2064 | 2065 | 2066 | 2067-2071 | 2072-2076 | 2077-Life |
| Gait Belt | 4% | | | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| Tryke | 4% | | | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 | 180.99 |
| Computer Software | 4% | | | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 | 212.36 |
| Stationary Bike | 4% | | | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 | 57.14 |
| Case Mngt | 4% | | | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 | 480.00 |
| Home Care | 4% | | M | | | | | | | |
| Facility | 4% | | M | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 | 162,425.00 |
| Modified Van | 4% | | | | | | | | | |
| Lodging for IVIG Hospital Stay | 4% | | | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 | 303.00 |
| Stair Lift | 4% | | | | | | | | | |
| Bathroom Renovation | 0% | | | | | | | | | |
| Lost Future Earnings | | | | | | | | | | |
| Pain and Suffering | | | | | | | | | | |
| Past Unreimbursable Expenses | | | | | | | | | | |
| Medicaid Lien | | | | | | | | | | |
| Annual Totals | | | | 189,969.90 | 190,263.90 | 190,632.54 | 190,856.34 | 192,643.19 | 193,194.19 | 194,142.19 |

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, as guardians of the estate of R.A., for Yr 1 life care expenses (\$615,688.80), lost future earnings (\$1,156,545.66), and pain and suffering (\$250,000.00): \$2,022,234.46.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, Saurabh Agarwal and Mukta Agarwal, for past unreimbursable expenses: \$84,643.06.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the Illinois Department of Healthcare and Family Services, as reimbursement of the state's Medicaid lien: \$812,257.97.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.